

| MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET Substitute for Form PTO-1360 (For use with Form PTO/SB/06) | | | | | | | Application Number <div style="font-size: 1.2em; font-family: cursive;">09/762545</div> | | Filing Date | |
|--|----------|--------|-----------------------|--------|------------------------|--------|--|--------|-------------|--------|
| | | | | | | | Applicant(s) <div style="font-size: 1.2em; font-family: cursive;">Diswanter</div> | | | |
| * May be used for additional claims or amendments | | | | | | | | | | |
| CLAIMS | AS FILED | | AFTER FIRST AMENDMENT | | AFTER SECOND AMENDMENT | | | | | |
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